

MICHIGAN DEPARTMENT OF CORRECTIONS

## MISCONDUCT REPORT

CSJ-228

10/10 4835-3228

Prisoner Number: 266511	Prisoner Name: Reyes	Facility Code: JCF	Lock: A-56	Violation Date: 6-21-2022
Time and Place of Violation: 1455 A unit		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date <input checked="" type="checkbox"/> N/A		
Misconduct Class: <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III Charge(s): Disobeying a Direct Order				
Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): At approx 1455 hrs inmate Reyes 266511 (A-56) came down to base and began standing behind the officers desk by the hallway. I gave him a direct order to leave and he stated "I'm waiting for the aris." I stated "There is no aris now go away" and he stated "you can't make me go away" and began walking through the hallway. PC Crowley stated "if the officer told you to leave then leave, go away." Inmate Reyes still refused to leave the area and began getting loud yelling that this officer cannot make him go away. I ordered him to leave several times and he refused. I then ordered inmate Reyes from 2 ft away to turn around and be cuffed and he stated "you're not cuffing me" and began to walk away and go upstairs. As I followed him he went into his cell and ordered him approx 3 more times to cuff up and he continued walking away and telling me he wasn't going to cuff him. I called for assistance and when other officers arrived only then did inmate Reyes allow himself to be restrained. At no time did he comply with any of the several orders given to him by me but only to argue with me and walk away after being ordered to be handcuffed.				
Id by cell locator and OTIS				
Reporting Staff Member's Name (Print) D. Keiser		Reporting Staff Member's Signature <i>D. Keiser</i>		Date and Time Written 6-21-2022 1615
<b>REVIEW</b>				
Location/Verification/Condition of Evidence: <i>Misconduct Re-Reviewed on 6-21-22 @ 1920 hours with proper HEO Communication. Prisoner Reyes is HEO His primary is voice w/o hearing aids. I utilized his primary during Review. Reyes stated he could hear me. <i>6/21/22</i></i>				
Elevated to Class I at review: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If "yes", explain reason: <i>Due to the nature of the misconduct - Per Lt Moss</i>				
<b>COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT</b>				
Status Pending Hearing: <input type="checkbox"/> Bond <input type="checkbox"/> Segregation <input checked="" type="checkbox"/> Confinement to Cell/Room <input type="checkbox"/> Other				
Reason if Non-Bond: <input type="checkbox"/> Non-Bond List <input checked="" type="checkbox"/> Bond Revoked (must give reason) <i>Due to the nature of this misconduct</i>				
Date and Time Given this Status: <i>6-21-22 1745</i>		Who Notified in Housing Unit of Status: <i>Keiser</i>		
Hearing Investigator Requested? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Witnesses Requested? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Relevant Documents Requested? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list: <i>Hearings Investigator</i>		
Additional Comments: <i>N/A</i>		Prisoner Waives 24 Hour Notice of Hearing? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Reviewing Officer's Name (Print) <i>Sgt McCloud</i>		Reviewing Officer's Signature <i>Sgt McCloud</i>		Hearing Date: <i>6-23-22</i>
I have received a copy of this report. My signature does not necessarily mean that I agree with the report. <input checked="" type="checkbox"/> Prisoner refused to sign. Copy given to prisoner		Prisoner's Signature <i>[Signature]</i>		Review Date and Time Date <i>6-21-22 1745</i>
<b>WAIVER OF CLASS II OR III HEARING</b>				
I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed.		Prisoner's Signature		Date
<b>SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)</b>				
Days Toplock	Begins:	Ends:	<input type="checkbox"/> Counseling/Reprimand (Class III only)	
Days Loss of Privileges	Begins:	Ends:	<input type="checkbox"/> \$ Restitution (Class II only)	
Hours Extra Duty	Begins:	Ends:		
Property Disposition If Applicable:				
Employee Accepting Plea and Imposing Sanction (Print)		Employee's Signature		Date
Hearing Investigator's Name (Print)		Hearing Investigator's Signature		Date

Distribution: Prisoner; Counselor File; Record Office File (Class I and II); Central Office File (Class I); Hearing Investigator (Class I &amp; Class II)

ATTACHMENT 1

EX8GG

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247ADate Received at Step I 6-21-22 Grievance Identifier: 5617920111042107A

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Tyrone L. Reyes	266511	JCF	A-56	6-21-22	6-22-22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 6-21-22  
If none, explain why.

I tried resolving the issue with  
Ofc. Keiser with P.C. Crowley, to no avail.

This is not a duplicate: one person (Keiser) one issue (retaliation)  
State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Around 2:50pm,  
P.C. Crowley gave me permission to come into his office.  
I told him that Ofc. Keiser keep telling me to lock down  
and I told him that I'm not on any type of sanction.

P.C. Crowley allowed ~~Ofc. Keiser~~ Ofc. Keiser to kick me  
out of his office. These are the facts of the incident.

Issue: Ofc. Keiser violated Policy PD 03.03.130 and retaliate  
against me by writing a bogus misconduct. I am not  
grieving a ticket, I am grieving the fact that I told him  
I was writing a grievance on him earlier.

Review video footage around  
2:20pm to 3:20pm.

Tyrone L. Reyes  
Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

Date

Reviewer's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to  
Grievant: 6-21-22

If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS

**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**4835-4248 5/09  
CSJ-247BDate Received by Grievance Coordinator  
at Step II: 7-7-22

Grievance Identifier:

JCF 2206 1242 27A**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to:

GC

by

7-12-22

If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Tyrone L. Ryles</u>	<u>266511</u>	<u>JCF</u>	<u>D-56</u>	<u>6-21-22</u>	<u>7-6-22</u>

**STEP II — Reason for Appeal**

Grievant has a constitutional right to grieve an issue if he feels it's a retaliatory act. Grievant is not violating policy by grieving ~~the~~ a misconduct as stated in the grievance. Ofc. Kaiser action on 6-21-22 is retaliation for grievant telling him he was filing paper-work on him for denying him Access to the court. This grievance was illegally rejected. This office should review the evidence and make the proper decision.

**STEP II — Response**Date Received by  
Step II Respondent:7/8/2022See Attached

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to  
Grievant:7-12-22**STEP III — Reason for Appeal**

I did not file a grievance on the misconduct. I filed this grievance accordingly to policy of retaliation against the officer. This is a pattern of staff corruption at JCF. I did not receive my Step II response back until 8-4-22. I went to D-unit. I am now in A unit.

**NOTE:** Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant



A-56

GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

HEIDI E. WASHINGTON  
DIRECTOR

STEP III GRIEVANCE DECISION

Rec #: 136988

27A

~~To Prisoner/Parolee:~~

~~Current Facility:~~

Grievance Identifier: JCF-22-06-1242-27A

Step III Received: 8/10/2022

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

AUG 23 2022

Handwritten signature of Richard D. Russell in blue ink.

Richard D. Russell, Manager Grievance  
Section, Office of Legal Affairs

CC: Warden, Current Facility: JCF  
Warden, Grievd Facility:

AUG 29 '22 4:11:37

**G. Robert Cotton Correctional Facility**

***Step II Grievance Response***

**Grievant: Reyes # 266511**

**Grievance #: JCF-2022-06-1242-27A**

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**I have reviewed the Step I grievance, Step I response along with the associated Step II reason for appeal.** The Step I grievance was rejected for the complaint being filed on a non-grievable issue. At Step II you dispute the rejection.

**Grievance Rejected**

PD 03.02.130 "Prisoner/Parolee Grievances" defines what is grievable and non-grievable. The grievance filed is a decision by hearing Officer. The grievance shall not be rejected if there is a valid reason for the delay; e.g. transfer.


The step I rejection has been reviewed by the Warden's office in accordance with P.D. 03.02.130 "Prisoner/Parolee Grievances" and the **REJECTION IS UPHELD AT STEP II**

**Noah Nagy, Warden**

**Respondent's Name/Position**

**Respondent's Signature**

**Date**

 07/11/2022

4835-4-77  
CSJ-247A

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**Be brief and concise in describing your grievance issue.** If you have any questions concerning the grievance procedure, refer to PD-03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Tyrone L. Rex's	266511	JCF	A-56	6-22-22	6-22-22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 6-22-22  
If none, explain why. I tried to resolve this

I tried resolving this issue on this day with Mr. Mosley to no

**This is not a duplicate to any other grievance.**  
State problem clearly. Use separate grievance form for each issue. Additional pages using main header.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. On the above date

at approx. 7:20am, I asked Mosley to call a P.C. or the RDM. He stated Crowley was here. I said I will tell him. I explained that P.C. Crowley was part of the reason I'm on Temp. Sgt. Ofc. Mosley went on to say, "no, no, you got into it with that level IV officer. I reported that I need to send my legal mail out."

On this day, I was denied to send important legal mail out. This violates policy "Access to the Court."

Request Video Filing For 11-25-2019  
 taken to 2nd floor around 7:20 AM. I fear Lyron J. Barber  
 for retaliation. Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Date \_\_\_\_\_

**Working Title**

Date \_\_\_\_\_

**DISTRIBUTION:** White, Green, Canary, Pink — Process to Step One: Goldenrod — Grievant

**G. Robert Cotton Correctional Facility**

***Step II Grievance Response***

**Grievant: Reyes # 266511**

**Grievance #: JCF-2022-06-1257-28B**

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**I have reviewed the Step I grievance, Step I response along with the associated Step II reason for appeal.** The Step I grievance was rejected for the complaint being filed on a non-grievable issue. At Step II you dispute the rejection.

**Grievance Rejected**

PD 03.02.130 "Prisoner/Parolee Grievances" defines what is grievable and non-grievable. The Step I grievance was rejected as vague/illegible/EXTRANEIOUS INFORMATION. Per PD 03.02.130 Grievance is vague as to what the main issue is or who you are grieving. Grievances need to state who, what, when, where why and how.

The step I rejection has been reviewed by the Warden's office in accordance with P.D. 03.02.130 "Prisoner/Parolee Grievances" and the **REJECTION IS UPHELD AT STEP II**

**Noah Nagy, Warden**

**Respondent's Name/Position**

**Respondent's Signature**

**Date**



07/11/2022



MICHIGAN DEPARTMENT OF CORRECTIONS  
**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

4835-4248 5/09  
 CSJ-247B

Date Received by Grievance Coordinator at Step II: 7-7-22 Grievance Identifier: SCF12210611257128B

**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

AUG 10 2022

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: GC by 7-13-22. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Tyrone L. Reyes	266511	JCF	D-56	6-22-22	7-6-22

**STEP II — Reason for Appeal** Grievant is within the rules of policy when he gave a date (6-22-22), time (approx. 9:20am), name (Moseley) and issue (Denying access to court) for not getting a ARUS, P.C. or RUM to pick up my legal mail since I was on nonbond segregation status. This grievance was illegally rejected for being vague and not providing information on any specific policy violation. I request this office to go over the evidence and rule accordingly.

**STEP II — Response**

Date Received by  
 Step II Respondent:

See Attached

NDAL MAG  
 Respondent's Name (Print)

[Signature]  
 Respondent's Signature

07/11/2022  
 Date

JUL 12 2022  
 Date Returned to  
 Grievant: 7-12-22

**STEP III — Reason for Appeal** Grievance process at JCF shows a pattern of staff corruption, I did not receive my step II response back until 8-4-22, I was told it went to D-unit and it was a mistake. Since I'm in A-unit, I followed policy PD 03.02.136

**NOTE:** Only a copy of this appeal and the response will be returned to you.

**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant





**STATE OF MICHIGAN**

GRETCHEN WHITMER  
GOVERNOR

**DEPARTMENT OF CORRECTIONS  
LANSING**

HEIDI E. WASHINGTON  
DIRECTOR

**STEP III GRIEVANCE DECISION**

Rec #: 136995

28B

~~To Be Reviewed By:~~

A56

~~Current Facility:~~

Grievance Identifier: JCF-22-06-1257-28B

Step III Received: 8/10/2022

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

**THE REJECTION IS UPHELD.**

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

AUG 23 2022

A handwritten signature in black ink, appearing to read "R. Russell", is positioned above the printed name of the official.

Richard D. Russell, Manager Grievance  
Section, Office of Legal Affairs

CC: Warden, Current Facility: JCF  
Warden, Grieved Facility:

ER II

To: Ms. Napier,  
Admin. Ass.

From: Tyrone L. Reyes,  
266511 (A-56)

Date: 6-23-22

Ms. Napier, I will respectfully ask that you call me out to discuss a major concern about several issues that this administration is not taking seriously. I want to be able to show you document to back up my claims. I want to also discuss issues in which I'd notified Dir. Heidi Washington.

I wrote three grievances and because G.C. Cobb rejected two of them thus far. This is an illegal tactic he keeps using to protect the good old boy network. Our grievance process is being misused and once rejected, it does not get investigated.

Can you please call me out to resolve this issue?

Thank You!  
Tyrone L. Reyes



EX-3

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-31

## DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 1000 Institution ILEPrisoner Number 268311 Prisoner Name Tyrone L. Reyes  
Type or Print Clearly☐ Legal Postage ☐ Filing Fee \$ ☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case ☐ Case NumberPay To (John Doe)Mailing Address John Doe (Prisoner)  
1234 Main St  
Anytown, MI 48106

## The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone L. Reyes Date & Time Submitted 6-23-22 1 0744Received by P.P. M. Brown Staff Signature M. Brown  
Type or Print Name & TitleDate & Time Received by Authorizing Staff 6-23-22 1 0744

## Authorization Denied

- ☐ Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- ☐ Not hand delivered to authorizing staff member ☐ New case or case number notation form
- ☐ Does not include court order for handling as certified mail ☐ Other (explain) 25
- ☐ Prisoner refused to sign & date in staff member's presence

Denied by Signature  
Type or Print Name & Title

## Section Below to be Completed by Mail Room Staff

Placed in Mail by Bassett GOA Signature Signature  
Type or Print Name & TitlePostage Amount \$ 2.56 Date Placed in Outgoing Mail 6-24-22

## Only Business Office Staff are to Write in the Section Below

Postage \$ 2.56 Total Obligation \$ 2.56 ☐ Court Filing Fee Denied Due to NSFFiling Fee \$ 0.00 Check # 0000000000Date Copy Sent to Prisoner 6/24/2022Processed by Signature  
Type or Print Name & TitleDISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

## CLASS I MISCONDUCT HEARING REPORT

Prisoner <b>266511</b>	Prisoner Name <b>Reyes</b>	Facility Code <b>JCF</b>	Lock <b>D-56</b>	Violation Date <b>06/21/2022</b>
Charge(s) <b>(020) Disobeying a Direct Order</b>				
If Charge Changed by Hearing Officer			Plea <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	
Misconduct Report Read to and Discussed with Prisoner <input checked="" type="checkbox"/> (check if applies)		No Hearing Investigation Requested <input type="checkbox"/> (check if applies)		
Hearing Investigation Read to and Discussed with Prisoner <input checked="" type="checkbox"/> (check if applies)				
<b>EVIDENCE/STATEMENTS IN ADDITION TO MISCONDUCT REPORT</b>				
<p>The hearing was conducted by video with the prisoner present. The prisoner was confined since June 21. The hearing was timely held on the 5th business day after confinement. The hearing packet consists of the Misconduct Report (1 page), Hearing Investigation Report (1 page), statement from the prisoner (4 pages), email from P.C. Crowley (1 page), Memorandum from Hearings Investigator (1 page), CSJ-572C (1 page), HID list (1 page), and Offender Restriction Filter Report (1 page).</p> <p><b>**Continued on page 2.</b></p> <p style="text-align: right;"><b>Austin</b> <b>JUL 07 2022</b> <b>Hearings Investigator</b></p>				
<b>REASONS FOR FINDINGS</b>				
<p>Due process: the prisoner has a hearing impairment. His preferred method of communication is voice without hearing aid. ALJ spoke loudly and deliberately during the hearing. ALJ finds that the prisoner was able to understand and communicate effectively with ALJ based on his ready communications with ALJ and appropriate responses to questions. In addition, the prisoner said that the reviewing sergeant spoke loud enough for the prisoner to hear him. The Hearings Investigator also documented that the prisoner could hear her. ALJ finds that the prisoner was able to communicate and participate meaningfully in every stage of the hearings process. There was no due-process violation.</p> <p><b>**Continued on page 2.</b></p>				
<b>PROPERTY DISPOSITION (for contraband see PD 04.07.112)</b>				
<b>FINDINGS</b>				
Charge No. 1	<input checked="" type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code <u>020</u>
Charge No. 2	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
Charge No. 3	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
Charge No. 4	<input type="checkbox"/> Guilty	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Dismissed	Reporting Code _____
<b>DISPOSITION (select one or more) (Toplock &amp; LOP Sanctions End at 6:00 am)</b>				
_____ Days of Detention		_____ Begins		_____ Days Credit
_____ Days Top Lock		_____ Ends		_____ Hours Extra Duty
14 Days Loss of Privileges	06/28/2022	07/12/2022	\$ _____	Restitution
Misconduct Hearing Report personally handed to Prisoner by Hearing Officer on this date: _____ (Check if Applies) <input type="checkbox"/>		Hearing Report given to Staff Member by Hearing Officer for Delivery to Prisoner this date: <u>7/1/2022</u> (Check if Applies) <input checked="" type="checkbox"/>		
Date of Hearing <b>06/28/2022</b>		Name of Staff Member <b>HI Austin - JCF</b>		
Hearing Officer's Name		Hearing Officer's Signature		Date
071 Schneider		<i>ALE Schneider</i>		7/01/2022

DISTRIBUTION ☐ Record Office ☐ Central Office File ☐ Prisoner ☐ Counselor File ☐ Hearing Investigator**ATTACHMENT 1**

## MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-240D 12/90

4835-4243

## CLASS I MISCONDUCT

## HEARING REPORT – Continuation Page No. 2

(Type of Hearing)

Prisoner Number 266511	Prisoner Name Reyes	Institution JCF	Violation/Notice Date 6/21/2022
---------------------------	------------------------	--------------------	------------------------------------

(Continued from Page One: Evidence/Statements):

Prisoner's testimony: the prisoner pled not guilty. ALJ asked the prisoner if he was told to leave the area, and he said, "No sir." ALJ asked what the officer told him, and he said, "Just kept telling me I had to lock down. I was like, 'Why do I have to lock down?' He said there was no ARUS, and I said the ARUS is coming and said I could meet with him." ALJ asked the prisoner his preferred method of communication, and he said, "I can hear you just fine." ALJ asked if he could hear the sergeant at review, and he said, "Yes sir." ALJ asked if he has hearing aids, and he said, "I do, but I'm not used to them, so I hardly use them, so they my secondary option." ALJ asked the prisoner if he had anything else to add, and he said, "No."

Video: at 14:55:22, Officer Keiser (sitting behind desk) spoke to Prisoner Reyes (white shirt, blue pants) as Reyes walked toward the desk. Reyes walked behind the desk and stood by the drinking fountain. At 14:55:47, Reyes turned to face Keiser as they spoke. Keiser pointed away from the desk toward base while speaking to Reyes. At 14:55:56, Keiser pointed again. At 14:56:01, Reyes had turned from Keiser and spoke to PC Crowley (black shirt) as Crowley was returning to his office. Reyes said something to Keiser, who jumped up out of his chair at 14:56:11. Keiser walked toward Reyes, who walked away down the hall. At 14:56:20, Keiser caught up with Reyes at Crowley's office, spoke to him, and pointed back toward base. Reyes pointed into the office and spoke to Crowley. At 14:57:09, Keiser spoke to Reyes and again pointed down the hall, and Reyes finally left.

(Continued from Page One: Reasons for Findings):

Disobeying a Direct Order is a prisoner's "[r]efusal or failure to follow a valid and reasonable order of an employee." MDOC PD 03.03.105B. Normally, orders must be obeyed fully and immediately so that control and order can be maintained. An exception exists if compliance "would create a significant risk of serious harm"; it's the prisoner's burden to establish. Hearings Handbook(V)(G)(4), pages 48-49. Based on the report and the prisoner's admission, ALJ finds that the prisoner was given an order to leave the desk area, heard it because he was in a conversation with the officer and because the officer pointed away while speaking, and refused it. The order was facially valid and reasonable because prisoners are required to follow officer movement orders at all times. The prisoner does not claim any exception, such as risk, but he claims that he had authorization from Crowley to go to the office. There are two defects in that argument: first, the officer had already given the order to leave and pointed away before the prisoner spoke to Crowley, so the offense was already complete when the prisoner did not immediately leave. Second, the officer is custody staff, and his order to leave overrode any authorization the prisoner had to be there. The elements of the offense are met, and the charge is upheld. The prisoner was informed of the findings, sanction, and sanction dates.

The Misconduct Sanction Assessment is held confidential to avoid disseminating protected health information.  
END OF REPORT.

Hearings Investigator

JUL 07 2022

Austin

HEARING OFFICER'S NAME & CMIS CODE (Typed) ALE Schneider 071	Copy of Hearing Report personally handed to Prisoner by Hearing Officer this date (check if applies) <input type="checkbox"/>	
HEARING OFFICER'S SIGNATURE s/ ALJ Schneider	Copy of Hearing Report Given to Staff Member by Hearing Officer for Delivery to Prisoner this date 7/1/2022 (check if applies) <input checked="" type="checkbox"/>	
	Date of Hearing 6/28/2022	(Name & Clock No. of Staff Member) HI Austin - JCF

DISTRIBUTION: White – Institution; Green – Central Office; Canary – Prisoner; Pink – Visitor/Counselor; Goldenrod – Hearing Investigator



**MICHIGAN DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR REHEARING RESPONSE**

092

<b>PRISONER NUMBER</b>		<b>Name:</b>		<b>Facility:</b>	
266511		Reyes		JCF	
<b>Misconduct Date:</b>	<b>Hearing Officer:</b>	<b>Hearing Date:</b>	<b>Received Date</b>	<input type="checkbox"/> Warden RFR <input checked="" type="checkbox"/> Prisoner RFR	
6/21/2022	071	6/28/2022	7/26/2022		

1st Charge 0 020 - Disobeying a Direct Order (DDO)

2nd Charge

3rd Charge

4th Charge:

**REHEARING DECISION**

A request for rehearing in the above referenced matter is submitted by the prisoner who continues to argue his case.

PD 03.03.105 "Prisoner Discipline" and its attachments contain the definitions of the misconduct charges and gives notice of how and what a prisoner may be charged with and that a rehearing shall be granted only for the following reasons:

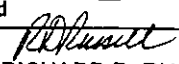
1. The record of testimony made at the hearing is inadequate for the purpose of judicial review.
2. The hearing was not conducted pursuant to applicable statutes or policies and rules of the Department and the deviation from policy, rule, or statute resulted in material prejudice to either party.
3. The due process rights of the prisoner have been violated.
4. The decision of the hearing officer is clearly not supported by competent, material, and substantial evidence on the whole record.
5. The officer who conducted the hearing was personally biased.

In this case, the prisoner was charged with and found guilty of Disobeying a Direct Order (DDO). All relevant issues were adequately addressed by the Administrative Law Judge (ALJ) in the hearing report. While the prisoner alleges at Request for Rehearing that there was a due process violation by the absence of witnesses and answers to questions, the record indicates that the prisoner did not request any documents or witnesses at review. The prisoner also did not raise these issues at the hearing. The prisoner offers no new verifiable evidence not available at the original hearing.

A rehearing is granted only when it appears a prisoner may not have received due process (when at least one of the 5 elements above have been met), or in the rare case when new, verifiable, and relevant evidence is presented that was not available at the time of the hearing. None of these conditions has been met.

The hearing was conducted pursuant to applicable statute, and policy and rules of the Department. The decision of the hearing officer is supported by competent, material, and substantial evidence on the whole record. No bias is apparent and there is insufficient evidence presented on appeal that would support granting a rehearing on the matter.

The Request for Rehearing is DENIED.

<b>Decision:</b> <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <input type="checkbox"/> Returned without action; Not filed within 30 calendar days		<b>Date Mailed:</b>
 RICHARD D. RUSSELL, HEARINGS ADMINISTRATOR		MAILED SEP 01 2022

31903

MIAMI DEPARTMENT OF CORRECTIONS  
REQUEST FOR REHEARING

CSJ-418  
REV. 10/10  
4835-3418

## INSTRUCTIONS

- This form is to be used only to request reconsideration of the decision of a hearing officer on one of the following:
  - Class 1 Misconduct.
  - Notice of Intent to Classify to Administrative Segregation.
  - Special designation which permanently denies Community Residential Program (CRP) placement.
  - Visitor restriction.
  - High or very high risk classification.
  - Excess legal property hearing.
  - Special Education Individual Education Planning Committee (IEPC) hearing.
- You MUST attach a copy of the hearing report to this request and, if appealing a misconduct hearing, a copy of the Class 1 Misconduct Report. If they are not attached, this form may be returned to you without a decision. You do not have to include a copy of the Hearing Investigation packet.
- Submit the completed form to: Hearings Administrator, Department of Corrections, Office of Legal Affairs, P.O. Box 30003, Lansing, Michigan 48909. This form must be received by the Hearings Administrator within 30 calendar days of the date of the decision by the hearing officer.

RECEIVED - MDOC

JUL 26 2022

Office of Legal Affairs

PRISONER'S NUMBER 266511	PRISONER'S NAME Rajes	INSTITUTION JCF
DATE OF MISCONDUCT 06/21/2022	TYPE OF HEARING (IF MISCONDUCT, LIST CHARGES ALSO) Misconduct; Disobeying a Direct Order	
DATE OF HEARING 06/28/2022		

Briefly explain why you believe a rehearing should be ordered:

A copy of the misconduct and hearing report is attached as **ATTACHMENT 1**. My basis for appeal is that (1) the record testimony made at the hearing is inadequate for purposes of judicial review (2) my hearing was not conducted pursuant to department policy and I suffered material prejudice therefrom; and (3) my due process rights were violated where the ALJ failed to place on the record why my questions to various staff witnesses as detailed in the Hearing Investigation Report (attached as **ATTACHMENT 2**) were "irrelevant". PD-03.30.105(V) *Prisoner Discipline* states that "[a]lthough the Hearing Investigator may initially determine if a question should be asked ... the ALJ has the final authority..." Also, "At a Class I hearing, any failure to call a witness, or to ask questions presented by the prisoner to a witness, must be included or addressed in the written decision and the ALJ must give specific reasons for the decision to exclude those questions or witnesses." Hearings Handbook(III)(D)(1), Page 28. Here the ALJ did not state the reasons for finding the questions irrelevant and thus, deprived me of the opportunity to have such finding placed on the record for judicial review. This deprived me of due process as well. I request a rehearing.

SIGNATURE OF PERSON REQUESTING REHEARING

*Lynne Reyes*

DATE

7-12-22

**DECISION**

☒ Disapproved

SEE ATTACHED

☐ Approved - Rehearing Ordered

☐ Returned without action - Not filed within 30 calendar days

HEARINGS ADMINISTRATOR

*RJ Remell / R/R*

DATE

MAILED SEP 01 2022

EX-111

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

\*HID

4835-4247 10/94  
CSJ-247ADate Received at Step I 11-14-22 Grievance Identifier: JCF 22111 2377 282

Do not write in describing your grievance issue. If you have any questions concerning this form, please call 4835-4247 or OP 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Tyrone Reyes	266511	JCF	A-56	11-9-22	11-9-22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 11-9-22  
If none, explain why.Asked ofc. Mosley to call  
H/c. H/c refused.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Around 8 o'clock pm, on the above date, I asked Ofc. Mosley to call H/c, because my ankle was in severe pain and swelling. Unknown Jane Doe stated I could not come under HUM Landfair authority. Jane Doe (RW) and HUM Landfair is being deliberate indifference to grievant medical needs violating policy and constitutional rights against Cruel and unusual punishment.

Tyrone Reyes  
Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

S. Lill  
Respondent's Signature  
T. Cobb  
Respondent's Name (Print)  
GC  
Working Title  
11-14-22  
Date

J. Kim  
Reviewer's Signature  
T. Kiso  
Reviewer's Name (Print)  
11/14/22  
Date  
AOW  
Working Title

Date Returned to Grievant: 11-15-22 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

\*HID

EX:NN

4835-4247 10/94  
CSJ-247A

Date Received at Step I 11-14-22 Grievance Identifier: JCF 22111 23718 281

Read the instructions for describing your grievance issue. If you have any questions concerning the grievance process, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Tyrone Reyes	266511	JCF	A-56	11-10-22	11-10-22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 11-10-22  
If none, explain why.

Asked ofc. OJEDA to call  
H/c. H/c refused.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Around 10'clock pm, on the above date, I asked Ofc. Qjeda to call H/c, because my ankle was in severe pain and discolored. Ofc. spoke to RN (unknown) Jane Doe who stated, "if he's not dying or bleeding he can't come over." This is under Hum Landfair direction I was told. RN Jane Doe & Hum Landfair is being deliberate indifference to grievant injury violating policy and constitutional right against cruel and unusual punishment.

Tyrone Reyes  
Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

T. Cobb  
Respondent's Signature  
T. Cobb  
Respondent's Name (Print)  
GC  
Working Title  
11-14-22  
Date

T. Kisor  
Reviewer's Signature  
T. Kisor  
Reviewer's Name (Print)  
ADW  
Working Title  
11/14/22  
Date

Date Returned to Grievant: 11-15-22  
If resolved at Step I, Grievant sign here.  
Resolution must be described above.  
Tyrone Reyes  
Grievant's Signature  
11-15-22  
Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One: Goldenrod — Grievant

EX-00

**You have received a *jpays* letter, the fastest way to get mail**

From : TYRONE REYES, ID: 266511  
To : Marjorie Toins, CustomerID: 2031960  
Date : 1/2/2023 10:27:14 AM EST, Letter ID: 1667946465  
Location : TCF  
Housing : AA088BOTA

To: Karmen Bussell, RN  
MDOC

From: Tyrone L. Reyes,  
#266511 (JCF)

Date: 1/3/23

Re: Complaint against H.U.M. S. Landfair and JCF Health Service

RN Bussell, I hope this letter reaches you in good health. I'm writing this complaint, because I have been having several problems at this facility I injured my ankle in October and they diagnosed it as a high ankle sprain. Over a period of time I notified health care that I believe it fracture, because I'm feeling pain from my toes to my shin. I spoke to ADW Keiser, who spoke to health service and they told her I was reassessed on Dec. 13th, 2022.

This facility is being deliberately indifference to the severe pain I'm in. I was told to contact you with this issue, because you're the regional supervisor. If this is not the case, please forward this to the person who has the authority to do something about this.

Thank you for your time and help in this matter.

Yours truly,  
Tyrone Reyes



10/94  
-247A

Date Received at Step I \_\_\_\_\_ Grievance Identifier: \_\_\_\_\_

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	State
Tyler Royce	266511	JCF	A-56	12-8-22	22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 12-7-82  
If none, explain why.

If none, explain why.

plain why. I verbally talked to RN Z [redacted] and RN Sal [redacted], in and [redacted] was not [redacted].

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On 12-8-22, I talked to HDM RN Landfar and Nursing  
Supervisor RN Salazar about me being in severe pain  
due to an ankle sprain/fracture and not being treated.  
I have not been checked on or treated yet. Even after the  
HDM and Supervisor when was the ~~initial~~ <sup>initial</sup> ~~initial~~ <sup>initial</sup>  
is being deliberate indifference to grievant medical need  
and care. This grievance has to be processed for  
a proper review of the situation and policy and  
my case. I am not happy with the situation and  
Re: involvement and be held.

Grievant's Signature \_\_\_\_\_

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature \_\_\_\_\_ Date \_\_\_\_\_ Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title
---------------------------	---------------	-------------------------	---------------

Date Returned to Grievant:

If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

**DISTRIBUTION:** White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant



4825-42-7 61094  
910317A

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Total Score
Travis R...	312-511	JCF	A-56	12-8-22	12-8-22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 10-8-22  
If none, explain why.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

[illegible]

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature	Date	Reviewer's Signature	Date
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title

If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

TYRONE REYES 266511 JCF Lock:A56BOTU ID:1658570121 [P 1/1]

EX8FF7

**You have received a *jp*ay letter, the fastest way to get mail**

From : TYRONE REYES, ID: 266511  
To : Marjorie Toins, CustomerID: 2031960  
Date : 12/20/2022 1:49:03 PM EST, Letter ID: 1658570121  
Location : JCF  
Housing : A56BOTU

TO: Warden Nagy,  
(JCF)

From: Tyrone Reyes  
#266511 (JCF)

Re: Complaint on Grievance Coord.

Warden Nagy, I have submitted several grievances over the course of several months. G.C. Cobbs, has either rejected them for bogus reasons and/or refuses to process my other grievances. I have requested Step II grievance forms for some of them and he refuses to send them to me. It seems like everytime I write a grievance on someone on the administration level he rejects them. This is an ongoing practice by the grievance coord. office and something needs to be done about it. Please investigate this matter, because several of these grievances has been about my health and due to him rejecting them, it hinders me to the point that it's not investigated, therefore causing me to endure severe pain when it could've been avoided.

These are the grievances numbers and dates:

✓ 1) [REDACTED]

✓ 2) [REDACTED]

✓ 3) JCF 2210/2213/28E (refuse to send step II)

4) JCF 2210/2212/28E (refuse to send step II)

5) I submitted four grievances on 12/13/22 and placed them into unit kite box like I do on all grievances. One grievance is on Food Dir. Coffelt, Two on Health Care and HUM Landfair, and one on G.C. Cobbs for the reason I'm sending you this complaint. 12-8-22 12-8-22

Thank you for your time in this matter and I hope that your office look into this serious complaint and correct it.

Sincerely,  
Tyrone Reyes

## Michigan Department of Corrections

## Clinical Encounter

EXOPP

Offender Name: REYES, TYRONE LEE

Date of Birth: 08/24/1980

Encounter Date: 01/03/2023 09:48

Sex: M

Provider: Ramos-Nunez, Email

Off #: 0266511

Facility: JCF

Unit: A

Nursing Note encounter performed at Clinic.

**Barriers to Communication:** Hearing Impaired**Method of Communication:**

Voice Communication without Hearing Aid - DHH

**Acknowledgement of Communication:**

Verbally acknowledges communication was effective

Responded and/or asked appropriate questions

Repeated or rephrased information given

**SUBJECTIVE:**

COMPLAINT 1 Provider: Ramos-Nunez, Email [ER6] RN

Chief Complaint: Pain

Subjective: Prisoner complaining of pain of the right foot and return of ACE WRAP

**Pain Location:** Foot-Right

Pain Scale: 7

Pain Qualities: Aching | Shooting

History of Trauma:

Onset: 2-6 Months

Duration: 2-6 Months

Exacerbating Factors: Moving the right lower extremity

Relieving Factors: Medication use of Motrin

Comments:

**OBJECTIVE:**

Exam:

**ASSESSMENT:**

Acute pain

Prisoner ambulates independently with a pronounce limp with the right side affected. Speech is clear and appropriate, breathing even and unlabored. Prisoner into clinic for return of ACE WRAP. Prisoner complaining of right foot still "hurting". Prisoner stated this issue has been going on since October of 2022. Assessment was made of bilateral legs. Pedal pulses strong bilaterally, brisk cap refill bilaterally. +1 right foot edema, tender upon palpation of the right foot. Prisoner has also stated he's been requesting for an XRAY of the right foot for "a very long time". Chart review sent to Provider for further assessment. Prisoner voiced no further concerns at this time. RTU in NAD.

**PLAN:**

Schedule:

**Activity****Date Scheduled Scheduled Provider**

Chart Review

01/03/2023 00:00 Medical Provider

Prisoner complaining of right foot pain, further assessment needed. Had an ACE WRAP for 3 weeks.

See NURSE NOTE on 01/03/22

**Michigan Department of Corrections**  
**Clinical Encounter - Administrative Note**

EX600

Offender Name: REYES, TYRONE LEE	Off #: 0266511
Date of Birth: 08/24/1980	Sex: M
Note Date: 01/03/2023 21:47	Facility: JCF
	Unit: A
	Provider: Bale, Melanie [MB32] NP

MP UNR encounter performed at Clinic.

**Barriers to Communication:** Hearing Impaired**Method of Communication:**

Voice Communication without Hearing Aid - DHH

**Acknowledgement of Communication:**

Verbally acknowledges communication was effective

Responded and/or asked appropriate questions

Repeated or rephrased information given

**Administrative Notes:**

ADMINISTRATIVE NOTE 1 Provider: Bale, Melanie [MB32] NP

Patient seen in HC today r/t continued pain and discomfort on right side LE. Patient referred to MP by nursing.

Nursing completed assessment of patient and patient endorsed pain and discomfort, tenderness with palpation and with ROM.

**Temperature:**

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
01/03/2023	14:06 JCF	98.1	36.7	Oral	Ramos-Nunez, Email [ER6] RN

**Pulse:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/03/2023	14:06 JCF	56	Via Machine		Ramos-Nunez, Email [ER6] RN

**Respirations:**

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/03/2023	14:06 JCF	16	Ramos-Nunez, Email [ER6] RN

**Blood Pressure:**

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/03/2023	14:06 JCF	117/74	Left Arm	Sitting	Adult-large	Ramos-Nunez, Email [ER6]

**SpO2:**

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/03/2023	14:06 JCF	98		Ramos-Nunez, Email [ER6] RN

**Weight:**

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
01/03/2023	14:06 JCF	159.0	72.1		Ramos-Nunez, Email [ER6] RN

**ASSESSMENTS:**

Pain in right ankle and joints of right foot, M25.571 - Current, Temporary/Acute, Initial

**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Start Date</u>	<u>Quantity</u>	<u>Prescriber Order</u>
	Ibuprofen Oral Tablet 400 MG	01/03/2023 21:47	01/03/2023	42	1 tab By Mouth three times daily x 14 day(s) - - DO not take with other NSAIDs including naproxen, mobic, or diclofenac.

Indication: Pain in right ankle and joints of right foot

Offender Name: REYES, TYRONE LEE

Off #: 0266511

Date of Birth: 08/24/1980

Sex: M

Facility: JCF

Note Date: 01/03/2023 21:47

Provider: Bale, Melanie [MB32] NP

Unit: A

**New Radiology Request Orders:**

<u>Details</u>	<u>Frequency</u>	<u>End Date</u>	<u>Due Date</u>	<u>Priority</u>
General Radiology-Lower Extremities-Ankle [Right], General Radiology-Lower Extremities-Foot [Right]	One Time		01/05/2023	Routine

Authorization Number:

Specific reason(s) for request (Complaints and findings):

continued pain after twisting ankle two times

**PLAN:****Disposition:**

Education Provided

Follow-up at Sick Call as Needed

Kite PRN

**Other:**

x ray of right ankle to be ordered, patient advised to take motrin ATC to help with swelling. Patient to be provided with ace wrap to continue providing ankle with support due to continued swelling and pain with ambulation. Patient verbalized understanding.

**Patient Education Topics:**

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/03/2023	Counseling	Access to Care	Bale, Melanie	Verbalizes Understanding
01/03/2023	Counseling	Plan of Care	Bale, Melanie	Verbalizes Understanding

Co-Pay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Standing Order: No

Completed by Bale, Melanie [MB32] NP on 01/03/2023 21:52

EXORR

**You have received a *jp*ay letter, the fastest way to get mail**

From : TYRONE REYES, ID: 266511  
To : Marjorie Toins, CustomerID: 2031960  
Date : 2/3/2023 10:52:26 AM EST, Letter ID: 1691825394  
Location : TCF  
Housing : AA088BOTA

To: Ms.Karmen Bussell, RN  
MDOC

From: Tyrone Reyes  
#266511 (JCF)

Date: Feb. 3rd, 2023

Re: Complaint against HUM Landfair and JCF Medical Staff

RN Bussell, I hope this reaches you in good health. I believe I was given swift attention when I sent you a complaint dated (1/3/23). Thank you, I was given a x-ray on (1/10/23 ). On (1/19/23), I was notified that I have a Lateral Malleolar fracture with soft tissue swelling. I was also notified that a orthopedic consultant was requested. It was stated in the provider note that I refused crutches, I did not refuse crutches, I alerted the provider that I have a bold right shoulder, in which I am awaiting to have surgery on it and it cannot withstand the pressure of the crutches.

I've submitted several medical request kites to be treated for the pain, and a possible no work or light duty work detail, to no avail. Having to walk for several hours three times a day at work is possibly damaging an already fracture ankle. Scott Logan, M.D., recommended that a follow up radiographic evaluation in 10-14 days, MRI, or three phase bone scan would be recommended to exclude an occult fracture, if pain is persistent. In which, none has been done.

RN Bussell, this is an ongoing issue at this facility, whereas medical kites is not being answered for weeks and sometimes months. Something that I can prove. I was recently called out and the nurse had four kites written over a period of three months. This is unacceptable, but nothing is being done. Nurses are being ordered to tell officers when they call on behalf of someone, that an offender has to fill out a medical kite if they're not bleeding or dying.

Please look into why I'm not being treated properly and please look into this practice of not seeing offenders if they're not bleeding or dying. Thank you for your time in this matter.

yours truly,  
Tyrone Reyes



4835-42

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 5-8-23  
If none, explain why.

4. RN L... on...  
I... I was never  
... to...

Lynn L. R...  
Grievant's Signature

If No, give explanation. If resolved, explain resolution.)

**Date**

4835-4247-1024  
CSJ-247A

\_\_\_\_\_

If none, explain why.

I would like to know who else  
of Darling Corporation, I learned that I have not  
been sent any of the money which was to be  
sent to me for the 1st time. My  
other, I was told that M. L. Carter said she  
was going to let me see a few days, but now  
I have, ~~the~~ the letter to send a letter, I expect  
that I have not received it yet.

*Lyndal Lee*  
Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Date Returned to Grievant:	If resolved at Step I, Grievant sign here. Resolution must be described above.	Grievant's Signature	Date
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4835-4247-10/94

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 5-10-07  
If none, explain why.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

I am sorry to hear that you are having trouble with your health. I hope you will feel better soon.

Sincerely,  
John Doe

Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature	Date	Reviewer's Signature	Date
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title

Date Returned to Grievant:	If resolved at Step I, Grievant sign here. Resolution must be described above.	Grievant's Signature	Date
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STEP 1 / 2 GRIEVANCE  
RECEIVED IN GRIEVANCE  
MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSJ-247A

Date Received at Step 1

6-2-23

JUN 02 2023

Grievance Identifier:

SCF 23106 1103212E11

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Tyson Reyes	266511	JCF	I-68	5-24-23	5-28-23

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 5-24-23

If none, explain why. I have talked to and kited RN Salazaar and HUM Landfair several times to, no avail. On 5-24-23, it would be my second time trying to resolve the below issue, to no avail.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. On 5-24-23, I tried resolving my issue (Deliberate Indifference) with HUM Landfair and RN Salazaar, to no avail.

Issue: I have asked both (Landfair)(Salazaar) to treat my right shoulder that I recently had surgery on. They refused and is intentionally being "Deliberate Indifference" to my medical need. This is causing further irreparable damage, in which I'm losing more and more mobility and strength. I am in severe pain daily and being refused treatment.

Violation: They're (Landfair)(Salazaar) violating policy and my federal rights of cruel and unusual punishment? Health Care Policy and Inhumane treatment Policy. This is not untimely nor vague, therefore shall get processed. This needs to get investigated, so I can receive treatment.

Tyson Reyes  
Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

See attached

STEP 1 / 2 GRIEVANCE  
RECEIVED IN GRIEVANCE

JUN 20 2023

  
Respondent's Signature

Alinda Florek  
Respondent's Name (Print)

6/16/23  
Date

RN  
Working Title

  
Reviewer's Signature

M. Hollister  
Reviewer's Name (Print)

6/16/23  
Date

RN13  
Working Title

Date Returned to  
Grievant: 6-20-23

If resolved at Step 1, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

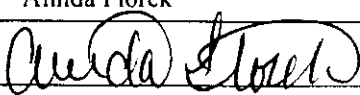
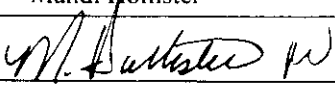
Date

MICHIGAN DEPARTMENT OF  
CORRECTIONS

CSJ-247S 3/18/2019

**STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM**

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

<b>Prisoner Last Name:</b> Reyes	<b>Prisoner #:</b> 266511	<b>Lock/Location:</b> 068/I	<b>Grievance #:</b> JCF-23-06-1032-12E1
<b>Prisoner Interviewed:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>If "NO", Reason:</b> See Decision Summary for Reason	
<b>Extension Granted:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>If "YES", Enter End Date:</b>	Click or tap to enter a date.
<b>COMPLAINT SUMMARY:</b> Grievant with complaint that he was denied care for his right shoulder.			
<b>INVESTIGATION SUMMARY:</b> Electronic health record reviewed and it is noted grievant had surgery on the right shoulder. It is noted grievant has been evaluated by medical staff multiple times. Staff have offered pain management medications that were refused and denied.			
<b>APPLICABLE POLICY, PROCEDURE, ETC.:</b> P.D. 3.04.100			
<b>DECISION SUMMARY:</b> Review of the medical chart was completed. Grievant has been seen by medical staff multiple times. Pain management medications have been offered and refused by grievant. A request for an evaluation by a medical provider has been placed and is pending an appointment.  Grievance denied.  Interview not completed. No further information required.			
<b>RESPONDENT NAME:</b>	Alinda Florek	<b>TITLE:</b>	Registered Nurse
<b>RESPONDENT SIGNATURE:</b>		<b>DATE:</b>	6/16/2023
<b>REVIEWER NAME:</b>	Mandi Hollister	<b>TITLE:</b>	Registered Nurse Manager
<b>REVIEWER SIGNATURE:</b>		<b>DATE:</b>	6/16/2023

Distribution: Original - Step I Grievance Coordinator

Copies - 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)



STEP 1 / 2 GRIEVANCE  
RECEIVED IN GRIEVANCE  
MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSI-247A

Date Received at Step 1 06/13/23

Grievance Identifier: DICF2310611110412E11

OFFICE ON

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Tyrone L. Reyes</u>	<u>266511</u>	<u>JCF</u>	<u>I-68</u>	<u>6-6-23</u>	<u>6-8-23</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 6-6-23

If none, explain why I tried resolving this issue with HUM Landfair and Medical Provider Jansen to no avail. Nurses has also contacted them on my behalf on 6-7-23 while I was in H/C for an EKG, to no avail. This is not a duplicate of JCF 2023-06-1032-12E1

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. On 6-6-23 I tried

resolving this issue with HUM Landfair and Provider Jansen concerning my shoulder. New evidence: On 6-6-23, I was given a copy of requested medical records. It states: Return in about 6 wks (around 5-17-23), or if symptoms worsen or fail to improve, Nurse notified them of this on 6-7-23 Issue: (Deliberate Indifference) by HUM Landfair and Provider Jansen delaying and/or not treating providing treatment to my shoulder, nor following clear instruction from surgeon. This is causing more harm to shoulder, in severe pain, including new pain symptoms from my right side of my neck to my wrist. Violation of (Landfair and Jansen) violated H/C Policy, Inhumane treatment, Federal Rights of civil and unusual punishment,

This is not untimely, vague and I tried resolving it, therefore this shall get processed. This needs investigation so I can receive that merit. Thank you!

Tyrone Reyes  
Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

See attached

STEP 1 / 2 GRIEVANCE  
RECEIVED IN GRIEVANCE

JUN 29 2023

Alinda Florek  
Respondent's Signature

6/27/23  
Date

M. Hollister  
Reviewer's Signature

6-27-23  
Date

Alinda Florek  
Respondent's Name (Print)

RN  
Working Title

M. Hollister  
Reviewer's Name (Print)

RN13  
Working Title

Date Returned to

Grievant: 6-29-23

If resolved at Step 1, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date



MICHIGAN DEPARTMENT OF  
CORRECTIONS

CSJ-247S 3/18/2019

**STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM**

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

<b>Prisoner Last Name:</b> Reyes	<b>Prisoner #:</b> 266511	<b>Lock/Location:</b> 068/1	<b>Grievance #:</b> JCF-23-06-1104-12D1
<b>Prisoner Interviewed:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>If "NO", Reason:</b> See Decision Summary for Reason	
<b>Extension Granted:</b>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	<b>If "YES", Enter End Date:</b>	Click or tap to enter a date.

**COMPLAINT SUMMARY:**

Grievant with complaint that he has not received appropriate care for his shoulder injury.

**INVESTIGATION SUMMARY:**

Electronic health record reviewed and it is noted grievant had a post operative appointment with the surgeon on 4/5/2023 where grievant indicated pain at the time was from the surgery itself. He decided to do rehab himself. Documentation was reviewed following the appointment on 4/5 and a second follow up appointment off-site was not deemed necessary at the time. A medical provider follow up to evaluate a need for a return visit to the surgeon or physical therapy has been requested and is pending scheduling.

**APPLICABLE POLICY, PROCEDURE, ETC.:**

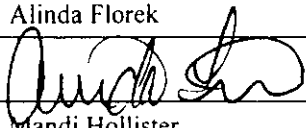
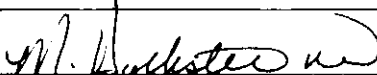
P.D. 3.04.100

**DECISION SUMMARY:**

Review of the medical record was completed. A second follow up appointment with the surgeon was not deemed necessary during on-site medical provider review of follow up report. An on-site medical provider follow up appointment is pending scheduling to evaluate further treatment.

Grievance denied.

Interview not completed. No further information required.

<b>RESPONDENT NAME:</b>	Alinda Florek	<b>TITLE:</b>	Registered Nurse
<b>RESPONDENT SIGNATURE:</b>		<b>DATE:</b>	6/27/2023
<b>REVIEWER NAME:</b>	Mandi Hollister	<b>TITLE:</b>	Registered Nurse Manager
<b>REVIEWER SIGNATURE:</b>		<b>DATE:</b>	6/27/2023

Distribution: Original - Step I Grievance Coordinator

Copies - 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)

EX-11

MICHIGAN DEPARTMENT OF CORRECTIONS  
**DISBURSEMENT AUTHORIZATION/CATALOG ORDER FORM**

CAR-100  
 4835-1100  
 10/08

Prisoners write clearly-illegible/incomplete forms will not be processed.

Date: 6-25-23

Prisoner Number: 266511 Prisoner's Last Name: Royes Institution: SRF Lock Number: 7-116

Pay To: PBF

Address: G.C. Cobb, G. Roberts Cotton, Corr. Fac. Cost/Amount  
3500, N Elm Rd, Jackson, MI 49201 \$ 154

Reason/Description: (If to relative, identify relationship) Over size**COMPLETE THIS PORTION FOR CATALOG ORDERS ONLY**

Page No.	Description of Item	Unit	Catalog Number	Color	Size	Qty	Unit Price	Total Price
	Grievance Concerning Property (Legalwork, mail, paperwork, Book)						\$	\$
	\$							
	Letter to Mr Cobb							
	concerning							
	JCF 2023/06/1032/12E1							
							FUNDS DEDUCTED	
							JUN 27 2023	
							SRF PRISONER ACCOUNTS	

Sub-Total \$ \_\_\_\_\_

Delivery Costs \$ \_\_\_\_\_

Tax (if applicable) \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Lyrone Royes  
 Prisoner's Signature

Date 6-26-23

Deputy Warden or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

R.U.M. or Authorized Agent \_\_\_\_\_

Date 6/26/27

Warden or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_


Code

Actual Expense

Batch Number

Distribution: White-Business Office; Canary-Vendor; Pink-Property; Goldenrod-Prisoner

EX-22

To: Grievance Coord. Cobb

From: Tyrone Reyes, 266511 (SRF)

Date: 7-9-23

On 6-26-23, I mailed a letter to you concern JCF 2023/06/1032/12E1 and requested a Step II grievance also. I have yet to receive a Step II form.

I also sent a letter concerning property that's been held via N.O.I. and I wrote a grievance on Dep Jared and H/ADW. Nozin, because I wrote them and <sup>heard</sup> nothing. I gave consent to disregard the grievance if I receive property. I have not receive property, therefore I want a grievance number.

Grievance (JCF-2023/06/1104/12D1) was due 7-4-23. I need the response and a Step II grievance form for this grievance too.

Please take care of this as soon as this week.

CAR-100  
4835-1100  
10/08

## Prisoners write clearly-illegible/incomplete forms will not be processed.

Date: 7-9-23

Lock Number:

266511

1962

SRF

7-116

Pay To: PBF

Cost/Amount

Address: Grievance Coord. Cobb, G. Roberts Cotton Corp. Fax

3500 N Elm, Jackson, MI 49201

\$ 1,63

Reason/Description: (If to relative, identify relationship) *oversize*

Page No.	Description of Item	Unit	Catalog Number	Color	Size	Qty	Unit Price	Total Price
	Letter to G.C. Cobb concerning Step II forms for JCF 2023/06/1032/12E/ JCF 2023/06/1104/12D1 and step I grievance receipt for property						\$	\$
							FUNDS DEDUCTED	
							JUL 11 2023	
							SF PRISONER ACCOUNTS	

Sub-Total \$

Delivery Costs \$

Tax (if applicable)	\$
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Total Amount Enclosed \$

Prisoner's

7-11-23

Prisoner's Signature

Date \_\_\_\_\_

Deputy Warden or Authorized Agent

Date \_\_\_\_\_

R.U.M. or Authorized Agent

Date \_\_\_\_\_

Warden or Authorized Agent

Date \_\_\_\_\_


Code

Actual Expense

Batch Number

EXBBE

To: G.C. Cobb,  
MOOC (DOF)

From: Tyrone L. Reyes,  
R216111 (SRF)

Date: July 18th, 2023

G.C. Cobb, acting as the grievance court,  
I have written several letters concerning step II grievance form  
and I submitted another grievance on medical staff concerning  
medical file violation. I have yet to receive any step II forms  
or a receipt for the medical grievance I wrote on RN Florek and  
RN Hollister. You and your office is violating and infringing on  
my rights. If I do not receive the above items, I will be forced  
to file a complaint and/or grievance on your office. I have sent  
a letter/complaint to Grievance Med. Council on this issue.

Also enclosed is another grievance on RN Florek,  
RN Hollister, and Hollister. I respectfully ask that you address  
this grievance and send a receipt of it as part of the things  
I am requesting. Thank you for your time in this matter. I hope  
to have this cleared up before I have to file any paperwork.

Sincerely,  
Tyrone Reyes,

cc

**Distribution:** White-Business Office; Canary-Vendor; Pink-Property; Goldenrod-Prisoner



EX-665

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247A

\*HID

Date Received at Step I 1-25-23 Grievance Identifier: ISCF 23011 0193 27A

Be brief and concise in describing your grievance issue. If you have any questions concerning grievance procedures, refer to OP 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Tyrone L. Reyes	266511	JCF	A-56	1-17-23	1-21-23

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 1-17-23  
If none, explain why.Matter was looked into by  
ALJ and clarified, please see facts below.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

[REDACTED]

[REDACTED]

[REDACTED], On the Date of Incident I requested video footage that Sgt. Holzschu did not clarify bottle found in grievant area was fermented. After ALJ Sutherland reviewed video footage, it was determined that Sgt. Holzschu lied [REDACTED]. Since alleging that he verified something, this meets the requirement of Civil Service Rule 47X that a State employee shall be terminated for falsifying of a State documents, X Violating Policy and Const. rights. Recommended Solution. I request that Sgt. Holzschu be terminated from employment for attempting to harm me. I also Tyrone L. Reyes Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

<u>[Signature]</u> Respondent's Signature	<u>1-25-23</u> Date	<u>[Signature]</u> Reviewer's Signature	<u>1/25/23</u> Date
<u>T. Cobb</u> Respondent's Name (Print)	<u>Gc</u> Working Title	<u>T. Kiser</u> Reviewer's Name (Print)	<u>ADW</u> Working Title

Date Returned to Grievant: <u>1-27-23</u>	If resolved at Step I, Grievant sign here. Resolution must be described above.	Grievant's Signature	Date
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DISTRIBUTION: White, Green, Canary, Pink — Process to Step One: Goldenrod — Grievant